

Attachment A

FILED

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

DISTRICT COURT-WVND  
WHEELING, WV 26003

APR 14 2020

Cordell Minor I keep telling them about  
my Breathing

Your full name

If something happens to me they are liable for not providing care

v.

FEDERAL CIVIL RIGHTS

COMPLAINT

(BIVENS ACTION)

Civil Action No.: 3:20-cv-62

(To be assigned by the Clerk of Court)

Bureau of Prisons

Groh

Emmanuel Adams /DR/MJ:ADAMS; BOP Employee

Trumble

Amy Helmer; BOP Employee

Sims

Department of Justice

Enter above the full name of defendant(s) in this action

## I. JURISDICTION

This is a civil action brought pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

## II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: Cordell Minor Inmate No.: 61956068  
Address: P.O. Box 5000, Bruceton Mills, WV, 26525

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

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B. Name of Defendant: Emmanuel Adams  
Position: MD / Dr.  
Place of Employment: F.C.I. Hazelton  
Address: Home N/A; P.O. Box 460 Skyview Drive  
Bruceton Mills, W.V. 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: HE IS THE DR AT F.C.I. HAZELTON CONTRACTED, OR EMPLOYED BY THE BOP AND THOSE DELAY IS PUTTING MY LIFE AT RISK WITH THE COVID-19 THREAT

B.1 Name of Defendant: Kimy Armel  
Position: NURSE Practitioner  
Place of Employment: F. C. I. Hazelton  
Address: Home N/A P.O. Box 460 Skyview Drive  
Bruceton Mills, W.V. 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: She is contracted By the BOP, and Employed At F.C.I. Hazelton They She Stated They Will do nothing for me when the delay is making me at risk with the Covid-19 threat

B.2 Name of Defendant: Bureau of Prisons  
Position: Agency / Third Party Housing  
Place of Employment: Government  
Address: N/A

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

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If your answer is "YES," briefly explain: *Contracted to House me for the U.S. MARSHAL  
There Contracted staff does not and has not protected my due process, nor my medical needs while they are putting my life in danger  
Due to the Covid-19*

B.3 Name of Defendant: Department of Justice  
Position: Agency  
Place of Employment: Government  
Address: WIA

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: *I Think they are who issued judgment for me to be placed in BOP custody; they the Court indicated that I was to get proper medical treatment If something happens to me it's documented and my family has knowledge of this action*

B.4 Name of Defendant: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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B.5 Name of Defendant: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: F.C.I. Hazelton

A. Is this where the events concerning your complaint took place?  
 Yes  No

If you answered "NO," where did the events occur?

From Hazelton to Leavenworth, Back to Hazelton

B. Is there a prisoner grievance procedure in the institution where the events occurred?  Yes  No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?

Yes  No  
I was also Deployed By Staff

D. If your answer is "NO," explain why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 BP-8-9 placed in the Shower bays

LEVEL 2 BP-10

LEVEL 3 BP-11

IV. **PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?  Yes  No

B. If your answer is “YES”, describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: “IV PREVIOUS LAWSUITS”

1. Parties to this previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court: \_\_\_\_\_  
*(If federal court, name the district; if state court, name the county)*

3. Case Number: \_\_\_\_\_

4. Basic Claim Made/Issues Raised: \_\_\_\_\_

\_\_\_\_\_

5. Name of Judge(s) to whom case was assigned: \_\_\_\_\_

\_\_\_\_\_

6. Disposition: \_\_\_\_\_  
*(For example, was the case dismissed? Appealed? Pending?)*

7. Approximate date of filing lawsuit: \_\_\_\_\_

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8. Approximate date of disposition. Attach Copies: 8

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?

Yes       No

D. If your answer is “YES,” briefly describe how relief was sought and the result. If your answer is “NO,” explain why administrative relief was not sought.

I WAS PLACED ON A LIST TO SEEK CONSULTATIONS. BUT THE PHYSICAL DAMAGE IS STILL THERE, THAT WAS NOT THERE PRIOR TO COMMING INTO THE BOP, AND MY LUNG DOES NOT APPEAR TO BE CLEAR AND MY BREATHING IS NOT LIKE IT WAS AND I'M MENTALLY DYSFUNCTIONAL, AS TO MY EMOTIONAL ISSUE WITH MY HEALTH

E. Did you exhaust available administrative remedies?

Yes       No

F. If your answer is “YES,” briefly explain the steps taken and attach proof of exhaustion. If your answer is “NO,” briefly explain why administrative remedies were not exhausted.

I FILED A SF-95; AND THE STAFF REFUSES TO GIVE ANY GRIEVANCES STATING THAT THE GOVERNMENT V NOJ REGION IS NOT OPERATIONAL / THEY TOLD ME TO GO TO SICK CALL WHEN I GO I GET NOTHING AND HAVE MEDICAL HOLD, BUT CAN'T GET NO TREATMENT FOR ANY OF MY SYSTEMS PT ALL

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label “G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS”

1. Parties to previous lawsuit:

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Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Name and location of court and case number:

\_\_\_\_\_

3. Grounds for dismissal:  frivolous  malicious  
 failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: \_\_\_\_\_

5. Approximate date of disposition: \_\_\_\_\_

V. STATEMENT OF CLAIM *I keep telling them about my trouble Breathing and that the Inhaler don't work*

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. You must include allegations of specific wrongful conduct as to **EACH** and **EVERY** defendant in the complaint. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAYBE ATTACHED TO THIS COMPLAINT.** (LR PL 3.4.4)

CLAIM 1: *The Negligence by the F.C.I. Hazelton staff from not Cleaning up bird droppings, then going to F.C.I. Leavenworth where the Negligence from failure to clean up the Black mold has cause me to get a fungal infection Negligence per se / Due Process / Deliberate Indifference*

Supporting Facts: *I was transferred back to F.C.I. Hazelton*

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With a fungal infection and taken off my medicine by Dr. Adams, my lungs were clear prior to me entering the OBD.

Deliberate Indifference

CLAIM 2: Professional Negligence / Fraudulent misrepresentation  
~~I have been denied and delayed medical attention~~  
Deliberate Indifference

Supporting Facts: I've been delayed medical treatment, when a evil or harmful motive is not required, HS THERE HAS been no CAT SCAN to fully determine what's on my lung and this delay HAS made it present issue due to Coronavirus

CLAIM 3: Professional Negligence / Deliberate Indifference  
~~I have explained my pain and issues to staff~~

Supporting Facts: I have made it known that my breathing was a issue, and the inhaler I don't work, I had been diagnose with depression due to this issue

CLAIM 4:

Supporting Facts:

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CLAIM 5: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. INJURY I Keep telling them about my Breathing

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

I Contracted a Lung infection, While being held IN THE BOP, And now have a SCAC on my lung, And don't have full lung capacity AND AM A HIGH RISK INMATE Due to Covid-19, And the BOP Does not provide adequate treatment, for INMATES with Respiratory issues, And I'm having psychological issues, I can't Sleep, & emotionally unfit, And been diagnosed with depression And HAVE been placed on several mental medications, AND Treated, APPARENT cause I'm black

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

Would like the DOJ / BOP, / And Contracted Staff to be liable for their negligence, And presenting a Health issue During the Covid-19 - THREAT. I would like \$ 5,000,000 And FURTHERST AND NOT RETALIATED FOR THIS And some Lawyer And for this to Be non published

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**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at F.C.T. Hazelton on 4-8-2020.  
(Location) (Date)

Andrea Johnson  
Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Cordell A. Minor

Your full name

v.

Civil Action No.: \_\_\_\_\_

Bureau of Prisons

EMMANUEL ADAMS, AKA DR. ADAMS/MD

AMY ARMEL, AKA PAC

Enter above the full name of defendant(s) in this action

**Certificate of Service**

I, Cordell Minor (your name here), appearing *pro se*, hereby certify that I have served the foregoing Brevens (title of document being sent) upon the defendant(s) by depositing true copies of the same in the United States mail, postage prepaid, upon the following counsel of record for the defendant(s) on 4-9-20 (insert date here):

(List name and address of counsel for defendant(s))

Cordell Minor  
(sign your name)